

## CLINICAL PRIVILEGES – CARDIOTHORACIC SURGEON

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

**CODES:**

1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT (Last, First, Middle Initial)

NAME OF MEDICAL FACILITY

### I. LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGEON

Requested	Verified		Requested	Verified	
		<b>A. THORACIC</b>			<b>4. Chest wall and pleura (continued)</b>
		1. Endoscopy			g. Pectus excavatum repair
		a. Bronchoscopy			5. Trachea
		b. Esophagoscopy			a. Trachea and bronchus repair - trauma
		c. Mediastinoscopy			b. Tracheo-esophageal fistula repair
		d. Thoracoscopy			c. Tracheal resection for tumor, stricture, or cyst
		2. Minor operations			d. Sleeve lobectomy or pneumonectomy
		a. Thoracentesis			e. Mediastinal tracheostomy
		b. Tube thoracostomy			6. Mediastinum
		c. Pleural biopsy - closed			a. Cervical/anterior mediastinotomy (and drainage)
		d. Lymph node biopsy			b. Mediastinoscopy
		e. Tracheostomy			c. Thymectomy
		f. Needle biopsy - lung			d. Mediastinal tumor or cyst excision
		g. Esophageal bypass tube insertion			e. Pericardial window
		h. Lung abscess drainage			7. Esophagus
		i. Esophageal dilatation			a. Esophageal atresia repair
		j. Laser operation to restore airway patency			b. Ligation of varices
		3. Lungs			c. Esophageal reflux procedures (intra- or extrathoracic approach)
		a. Thoracotomy			d. Esophagotomy
		b. Pleurectomy - pleuradesis			e. Esophageal diverticulectomy (intra- or extrathoracic approach)
		c. Lung resection			f. Esophagectomy
		(1) Wedge			g. Esophagogastrostomy
		(2) Segmental			h. Esophageal bypass (colon, small intestine)
		(3) Lobectomy			i. Esophagomyotomy
		(4) Pneumonectomy			j. Closure of fistula
		(5) With en-bloc chest wall			k. Repair or drainage of perforation or rupture
		d. Reduction pneumoplasty			l. Gastrostomy tube
		e. Decortication			m. Jejunostomy tube
		f. Laceration or injury repair			8. Diaphragm
		4. Chest wall and pleura			a. Esophageal hiatal hernia repair
		a. Resection of tumor or infection			b. Paraesophageal hernia repair
		b. Thoracoplasty			c. Congenital hernia repair
		c. Resection first rib - thoracic outlet syndrome			d. Diaphragm plication
		d. Rib resection and drainage (Eloesser)			
		e. Sternal fracture repair			
		f. Sternum debridement or rewiring			

I. LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGEON (Continued)					
Requested	Verified		Requested	Verified	
		8. Diaphragm (continued)			C. ADULT CARDIAC SURGERY (continued)
		e. Ruptured diaphragm repair			5. Surgery of the great vessels
		f. Diaphragm resection for tumor			a. Ascending aortic replacement
		9. Video-assisted thorascopic procedures			b. Aortic root replacement
		a. Diagnostic biopsy or pleurodesis			c. Aortic arch replacement
		b. Lobectomy or pneumonectomy			d. Descending thoracic aortic replacement
		c. Mediastinal tumor or cyst resection			e. Thoracoabdominal aneurysmorrhaphy
		d. Empyema/hemothorax drainage			f. Inominate/carotid artery bypass/replacement
		e. Esophageal procedures			6. Pulmonary artery surgery
		B. CARDIAC SURGERY OF CONGENITAL HEART DISEASE			a. Pulmonary embolectomy
		1. Shunt procedures			b. Pulmonary thromboendarterectomy
		2. Pulmonary artery banding			c. Caval filter placement
		3. Patent ductus division			d. Vena caval interruption
		4. Coarctation of aorta repair			7. Transplant (Note: these procedures are not supported in any USAF MTF)
		5. Vascular ring/arch anomaly repair			a. Heart
		6. Septal defect repair			b. Lung
		7. Valvular defect repair			c. Heart-lung
		C. ADULT CARDIAC SURGERY			8. Pericardectomy
		1. Minor procedures			9. Resection of intracardiac tumors
		a. Sub-xyphoid drainage			10. Cardiomyoplasty
		b. Sternal wire removal			11. Extracorporeal support – in support of surgical procedures (cardiac and non-cardiac)
		c. Sternal debridement and rewiring			a. Cardiopulmonary bypass
		d. Cardioversion			b. Veno-veno bypass
		e. Swan-Ganz catheter insertion			c. Left atrial-femoral bypass
		f. Intra-aortic balloon pump insertion			d. Veno-arterial bypass
		2. Valve surgery with cardiopulmonary bypass			e. Hypothermic circulatory arrest
		a. Valve replacement			f. Insertion of left / right / biventricular assist devices (LVAD, RVAD, BiVAD)
		b. Commissurotomy			g. Extracorporeal membrane oxygenation (ECMO)
		c. Valve repair			h. Extracorporeal carbon dioxide removal (ECOOOR/ECO 2R)
		d. Homograft/autograft replacement			i. Intra-aortic balloon pump (IABP) insertion/removal
		3. Cardiac revascularization			D. OTHER (Specify)
		a. Primary revascularization with or without cardiopulmonary bypass (CPB)			1. Admitting privileges
		b. Reoperative revascularization with or without CPB			2. Intensive care unit (ICU) admitting privileges
		c. Ventricular aneurysmorrhaphy			3. Laparoscopy
		d. Acquired ventricular septal defect (VSD) repair			4.
		e. Combined coronary/carotid			5.
		4. Electrophysiology cardiac surgery			6.
		a. Pacemaker – transvenous			7.
		b. Pacemaker – epicardial			
		c. Implanted cardiac defibrillator (ICD) – transvenous			
		d. ICD – epicardial			
		e. Maze procedure			
SIGNATURE OF APPLICANT					DATE

II.

CLINICAL SUPERVISOR'S RECOMMENDATION

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RECOMMEND APPROVAL

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RECOMMEND APPROVAL WITH MODIFICATION

*(Specify below)*

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RECOMMEND DISAPPROVAL

*(Specify below)*

SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)

DATE